

**LAKE COUNTY HEALTH DEPARTMENT and COMMUNITY HEALTH CENTER**

**NOTICE OF PRIVACY PRACTICES**

***EFFECTIVE DATE: APRIL 14, 2003***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes Lake County Health Department/Community Health Center's practices and that of:

- Any health care professional authorized to enter information into your health information record
- All service areas and units
- Any member of a volunteer group we allow to work in our facilities
- All employees, staff and other personnel

**OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

We understand that medical information about you and your health is personal and confidential. We are committed to protecting this information. We create a record of the care and services you receive for every visit. We need this record to provide quality care and to comply with legal requirements. All health records created by Lake County Community Health Department/Community Health Center are subject to these regulations.

This notice will inform you about the ways in which we may use and disclose protected health information about you. It also describes your rights and certain obligations regarding the use and disclosure of your information:

You may consult our Privacy Officer to ensure that our Notice of Privacy Practices accurately reflects our privacy practices and those of any organized health care arrangements. We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. Our Privacy Officer must approve each Notice of Privacy Practices, including any joint Notice we may use for an organized health care arrangement to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery after the compliance date (April 14, 2003) for the federal Privacy Rules established by the Department of Health and Human Services. Provider must also have the Notice available at the service delivery site for individuals to request to take with them. At all physical service delivery sites, the Notice must be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service from Provider to be able to read the Notice. Whenever the Notice is revised, make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new client/patient at the time of service delivery and to any person requesting a Notice.

**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice, effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of the notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use may and disclose protected health information. Not every use or disclosure in a category will be listed, and in some circumstances the disclosure of medical records, such as mental health and chemical dependency treatment records, may be further restricted by state or federal law. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

- Treatment --We use protected health information about you to provide, coordinate or manage your medical treatment or services. For example, we may disclose protected health information about you to doctors, nurses, technicians, medical students, or other Health Department personnel who are involved in providing your care.
- Payment--We may use and disclose protected health information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. For example, we will use your health information to notify your insurance carrier about your visit so that the health plan will pay us.
- Health Care Operations--We may use and disclose protected health information about you for facility operations. These uses and disclosures are necessary to provide quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff.
- Appointment Reminders--We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care.
- Individuals Involved in your Care or Payment for Your Care--With your permission we will discuss your treatment with any individual you indicate.
- Research—Under certain circumstances we may use and disclose protected health information about you for research purposes. All research projects however are subject to a special approval process. We will always ask your permission if the researcher will have access to protected health information.
- As Required by Law --We will disclose protected health information about you when required to do so by federal, state or local laws and statutes.
- To Avert a Serious Threat to Health or Safety--We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, as authorized by applicable federal or state law.

## **SPECIAL SITUATIONS**

- Workers' Compensation--We may release protected health information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks--We may disclose protected health information about you for public health activities as authorized by applicable federal or state law.
- Health Oversight Activities--We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.

- Lawsuits and Disputes --If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to subpoenas, discovery request or other lawful process.
- Law Enforcement --We may release protected health information if asked to do so by a law enforcement official under the following circumstances when permitted by state or federal law:
  - In response to a court order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness or missing person
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
  - About a death we believe may be the result of criminal conduct
  - In emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime
  - As required by law
  - About crimes that occur on our premises
  - To prevent a serious threat to your health and safety or the health and safety of the public or another person
- Coroners and Medical Examiners --We may release protected health information to a coroner or medical examiner in response to an authorized request.
- National Security and Intelligence Activities--We may release protected health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- Inmates--If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release protected health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS**

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your record for as long as we maintain the information, so long as access to that information is not prohibited by federal or state law. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in a reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access. We may charge you a fee for the cost of copying and/or mailing it to you.

You have the right to amend your protected health information. This means you may request an amendment of protected health information about you as long as we maintain this information. A request for amendment must be made in writing and submitted to the Privacy Officer. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or exceeds statutory guidelines.

You have the right to receive an accounting of certain disclosure we have made, if any, of your protected health information. This is a list of the disclosures we made of protected health information about you. To request this list, you must submit your request in writing to the Privacy Officer listed below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. To request restrictions, you must make your request in writing to the Privacy Officer listed below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not required to agree to your request. If we do agree, we will comply with your request.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for your request. Please make your request to the Privacy Officer listed below.

You have the right to a paper copy of this notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. This Notice is not a legal contract. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each facility and on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register we will offer you a copy of the current notice in effect.

### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns please contact us at the appropriate service area listed below.

If you believe your privacy rights have been violated you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Lake County Health Department/Community Health Center contact the PRIVACY OFFICER at the appropriate Service Area listed below:

#### **Lake County Health Department and Community Health Center**

Behavioral Health  
3012 Grand Avenue  
Waukegan , IL 60085

Community Health  
3012 Grand Avenue  
Waukegan, IL 60085

Primary Care  
2400 Belvidere Road  
Waukegan, IL 60085

All complaints must be submitted in writing and addressed to the PRIVACY OFFICER.

We support your right to protect the privacy of your medical information. We will not retaliate in any way or refuse services if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of protected health information not covered by this notice, or not covered by federal or state law, will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons

covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.